

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)

2 Total pages filed:

~~7~~ 7

3 CANDIDATE /  
OFFICEHOLDER  
NAME

TITLE FIRST MI  
David R.  
NICKNAME LAST SUFFIX  
Fernandez

OFFICE USE ONLY

Date Received

4 CANDIDATE /  
OFFICEHOLDER  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
P.O. Box 241087 San Antonio, TX  
78224

☐ Change of Address

Date Hand-delivered or Date Postmarked

5 CAMPAIGN  
TREASURER  
NAME

TITLE FIRST MI  
Becky G  
NICKNAME LAST SUFFIX  
Gonzalez

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
1523 Beverly Ann  
San Antonio, TX 78224

7 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
(210) 860-3294

8 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)  
☒ July 15 ☐ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD  
COVERED

Month Day Year  
04 / 05 / 01 THROUGH Month Day Year  
06 / 30 / 01

10 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  
05 / 05 / 01  
☐ Primary ☐ Runoff ☒ General ☐ Special

11 OFFICE

OFFICE HELD (if any)

N/A

12 OFFICE SOUGHT (if known)

N/A

13 NOTICE  
OF DIRECT  
CAMPAIGN  
EXPENDITURE  
BY OTHER  
INDIVIDUALS

-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. --

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

David R Fernandez

15 ACCOUNT # (Ethics Commission files)

16 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

-- This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 NO REPORTABLE  
ACTIVITY☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)18 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 600.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

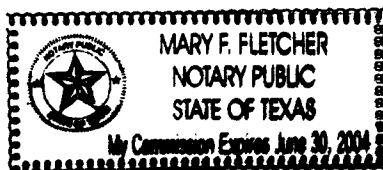
\$ 2129.93

OUTSTANDING  
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*David R Fernandez*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said David Fernandez, this the 17 day of July, 20 01, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: **1 of 1**

2 FILER NAME **David R. Fernandez**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**4/30/01**

5 Full name of contributor ☐ out-of-state PAC (ID#:  
**Ruth Ortiz**  
6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)  
**250.00**

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date  
**4/30/01**

Full name of contributor ☐ out-of-state PAC (ID#:  
**Mary L. Salinas**  
Contributor address; City; State; Zip Code

Amount of contribution (\$)  
**250.00**

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date  
**6/01/01**

Full name of contributor ☐ out-of-state PAC (ID#:  
**Rhonda Medina**  
Contributor address; City; State; Zip Code

Amount of contribution (\$)  
**100.00**

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor ☐ out-of-state PAC (ID#:  
Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor ☐ out-of-state PAC (ID#:  
Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 1 of 4

2 FILER NAME David R. Fernandez

3 ACCOUNT # (Ethics Commission filers)

4 Date 4/10/01	5 Payee name Southside Reporter	7 Amount (\$) 175.50
6 Payee address; City; State; Zip Code 2203 South Hackberry		

8 Purpose of payment (See instructions regarding type of information required.)

Advertisement

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date 4/23/01	Payee name Allied Advertising	Amount (\$) 453.10
Payee address; City; State; Zip Code 3700 Blanco Rd		

Purpose of payment (See instructions regarding type of information required.)

Advertising - Signs

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date 4/25/01	Payee name Southside Reporter	Amount (\$) 351.00
Payee address; City; State; Zip Code 2203 S. Hackberry		

Purpose of payment (See instructions regarding type of information required.)

Advertisement

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date 4/27/01	Payee name Zamoripa Printing	Amount (\$) 208.19
Payee address; City; State; Zip Code 2202 Blanco Rd		

Purpose of payment (See instructions regarding type of information required.)

Advertisement

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 of 4

2 FILER NAME

David R. Fernandez

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/1/01

5 Payee name

USPS

7 Amount (\$)

300.00

6 Payee address; City; State; Zip Code

Tejeda Station

8 Purpose of payment (See instructions regarding type of information required.)

Postage

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

5/2/01

Payee name

Walmart

Amount (\$)

46.45

Payee address; City; State; Zip Code

Military Dr.

Purpose of payment (See instructions regarding type of information required.)

Supplies

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

5/2/01

Payee name

Sam's Club

Amount (\$)

\$135.86

Payee address; City; State; Zip Code

Military Dr.

Purpose of payment (See instructions regarding type of information required.)

Supplies

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

5/3/01

Payee name

HEB

Amount (\$)

53.63

Payee address; City; State; Zip Code

Supplies / Military Dr.

Purpose of payment (See instructions regarding type of information required.)

Supplies

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

3 of 4

2 FILER NAME

David R. Fernandez

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/4/01

5 Payee name

Allied Advertising

7 Amount (\$)

223.20

6 Payee address; City; State; Zip Code

3700 Blanco Rd

8 Purpose of payment (See instructions regarding type of information required.)

Advertising signage

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

5/4/01

Payee name

Ace Rent All

Amount (\$)

57.71

Payee address; City; State; Zip Code

1802 S. Zarzamora

Purpose of payment (See instructions regarding type of information required.)

Supplies

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

5/4/01

Payee name

The Home Depot

Amount (\$)

59.42

Payee address; City; State; Zip Code

2658 Military Hwy

Purpose of payment (See instructions regarding type of information required.)

Supplies/stakes

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

5/5/01

Payee name

Thrift Mart

Amount (\$)

47.00

Payee address; City; State; Zip Code

Zarzamora St.

Purpose of payment (See instructions regarding type of information required.)

Market - supplies

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

4 of 4

2 FILER NAME

David R. Fernandez

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/5/01

5 Payee name

HEB

7 Amount (\$)

19.07

6 Payee address; City; State; Zip Code

Military Dr.

8 Purpose of payment (See instructions regarding type of information required.)

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)

2 Total pages filed

2001 APR 25

OFFICE USE ONLY

4:14

3 CANDIDATE /  
OFFICEHOLDER  
NAME

TITLE

FIRST

David

MI

R.

SUFFIX

NICKNAME

LAST

Fernandez

4 CANDIDATE /  
OFFICEHOLDER  
ADDRESS

ADDRESS / PO BOX

APT / SUITE #

CITY

STATE

ZIP CODE

P.O. Box 241087  
San Antonio, TX 78224

☐ Change of Address

5 CAMPAIGN  
TREASURER  
NAME

TITLE

FIRST

Becky

MI

SUFFIX

NICKNAME

LAST

Gonzalez

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE)

APT / SUITE #

CITY

STATE

ZIP CODE

1523 Beverly Ann  
San Antonio, TX 78224

7 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(210) 860-3294

8 REPORT TYPE

☐

January 15

☐

30th day before election

☐

Runoff

☐

15th day after campaign treasurer appointment (officeholder only)

☐

July 15

☐

6th day before election

☐

Exceeded \$500 limit

☐

Final report (Attach C/OH - FR)

9 PERIOD  
COVERED

Month

Day

Year

4 / 5 / 01

THROUGH

Month

Day

Year

4 / 27 / 01

10 ELECTION

ELECTION DATE

Month

Day

Year

05 / 05 / 01

ELECTION TYPE

☐

Primary

☐

Runoff

☒

General

☐

Special

11 OFFICE

OFFICE HELD (if any)

N/A

12 OFFICE SOUGHT (if known)

City Council District 4

13 NOTICE  
OF DIRECT  
CAMPAIGN  
EXPENDITURE  
BY OTHER  
INDIVIDUALS

\*\* Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. \*\*

Name

Address / PO Box: Apt. / Suite #: City: State: Zip Code

☐ additional pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH

COVER SHEET PG 2

 RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

COUNTY (Ethics Commission Uses)

14 C/OH NAME

15 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

\*\* This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. \*\*

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 NO REPORTABLE  
ACTIVITY
☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only)
18 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 800.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

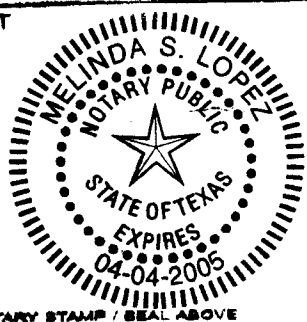
\$ 1607.32

OUTSTANDING  
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 18, Election Code.

  
Signature of Candidate or Officeholder

 Sworn to and subscribed before me, by the said David R. Fernandez, this the 25<sup>th</sup> day of April, 2004, to certify which, witness my hand and seal of office.


  
Signature of officer administering oath

 Melinda S. Lopez  
Printed name of officer administering oath

 Notary  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK  
FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2001 APR 25 P 4:14  
3 ACCOUNT # (Ethics Commission files)

2 FILER NAME

4 Date 4/17	5 Full name of contributor Blanche Atkinson <input type="checkbox"/> out-of-state PAC (ID#: 6 Contributor address: City: State: Zip Code	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
----------------	---	---	--

9 Principal occupation (Optional)	10 Employer (Optional)
-----------------------------------	------------------------

Date 4/17	Full name of contributor Joe London <input type="checkbox"/> out-of-state PAC (ID#: Contributor address: City: State: Zip Code	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
--------------	---	---	--

Principal occupation (Optional)	Employer (Optional)
---------------------------------	---------------------

Date 4/17	Full name of contributor Plate Sale - BBQ <input type="checkbox"/> out-of-state PAC (ID#: Contributor address: City: State: Zip Code	Amount of contribution (\$) \$600.00	In-kind contribution description (if applicable)
--------------	---	---	--

Principal occupation (Optional)	Employer (Optional)
---------------------------------	---------------------

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address: City: State: Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
------	---	-----------------------------	--

Principal occupation (Optional)	Employer (Optional)
---------------------------------	---------------------

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address: City: State: Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
------	---	-----------------------------	--

Principal occupation (Optional)	Employer (Optional)
---------------------------------	---------------------

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES**RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK**SCHEDULE F**

The instruction Guide explains how to complete this form.

2001 APR 25 P

1 Total pages Schedule F:

4: 14

2 FILER NAME

David R Fernandez

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/5

5 Payee name

Rosarios Cafe

6 Payee address; City; State; Zip Code

910 S. Alamo

7 Amount (\$)

99.37

8 Purpose of payment (See instructions regarding type of information required.)

Volunteer Dinner

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

4/6

Payee name

LinkKos

Payee address; City; State; Zip Code

1275 N.E. Loop 410

Amount (\$)

4.10

Purpose of payment (See instructions regarding type of information required.)

Supplies

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

4/6

Payee name

Thrift Mart

Payee address; City; State; Zip Code

6703 S. Zarzamora

Amount (\$)

28.59

Purpose of payment (See instructions regarding type of information required.)

Fundraiser Supplies

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

4/6

Payee name

LA Fiesta

Payee address; City; State; Zip Code

3414 Nagalitos

Amount (\$)

19.96

Purpose of payment (See instructions regarding type of information required.)

Fundraiser Supplies

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

## POLITICAL EXPENDITURES

SCHEDULE F

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F: \_\_\_\_\_

2001 APR 25

P 4:11

ACCOUNT # (Ethics Commission filers)

2 FILER NAME

4 Date

5 Payee name

7 Amount (\$)

4/7

Thrift T Mart

6 Payee address: City: State: Zip Code

35.41

8 Purpose of payment (See instructions regarding type of information required.)

Fundraiser Supplies

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

4/8

HEB

Payee address: City: State: Zip Code

20.97

Purpose of payment (See instructions regarding type of information required.)

Appreciation Flowers -  
volunteers

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

4/10

Allied Advertising

Payee address: City: State: Zip Code

3700 Blanco Rd

647.28

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

4/18

Jim's Rest.

Payee address: City: State: Zip Code

8311 Marbach

36.80

Purpose of payment (See instructions regarding type of information required.)

Volunteer Dinner

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

## POLITICAL EXPENDITURES

## SCHEDULE F

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

Total pages Schedule F:

The INSTRUCTION GUIDE explains how to complete this form.

2001 APR 25 P 4: 19

ACCOUNT # (Ethics Commission files)

2 FILER NAME

4 Date

5 Payee name

7

Amount  
(\$)

4/20

Home Depot

6 Payee address:

City: State: Zip Code

2658 Military Dr.

127.83

8 Purpose of payment (See instructions regarding type of information required.)

Campaign supplies

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount  
(\$)

4/21

USPS

Payee address:

City: State: Zip Code

27.50

Purpose of payment (See instructions regarding type of information required.)

Campaign Supplies

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount  
(\$)

4/23

Office Depot

Payee address:

City: State: Zip Code

2321 SW Military Dr.

34.51

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount  
(\$)

4/10

Southside Reporter

Payee address:

City: State: Zip Code

175.00

Purpose of payment (See instructions regarding type of information required.)

Campaign Ad

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

## POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

Replaces Schedule F:

2 FILER NAME

2001 APR 25 2:41 PM  
Account of Ethics Commission filers

4 Date  4/25	5 Payee name  Southside Reporter	7 Amount (\$)  350.00
6 Payee address: City: State: Zip Code		

8 Purpose of payment (See instructions regarding type of information required.)  Campaign Ad	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	---

Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)		2 Total pages filed: <i>1</i>	
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI <i>David R.</i>		OFFICE USE ONLY		
	NICKNAME LAST SUFFIX <i>Fernandez</i>				
4 CANDIDATE / OFFICEHOLDER ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>P.O. Box 241087 San Antonio, Tx 78224</i>		Date Received <i>10/10/01</i>		
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI <i>Becky</i>		Date Hand-delivered or Date Postmarked		
	NICKNAME LAST SUFFIX <i>Gonzalez</i>		Receipt # Amount		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>1523 Beverly Ann San Antonio, Tx 78224</i>		Date Processed		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(210) 860-3294</i>		Date Imaged		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)				
9 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <i>12 / 31 / 00</i> <i>4 / 5 / 01</i>				
10 ELECTION	ELECTION DATE Month Day Year <i>05 / 05 / 01</i>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any) <i>N/A</i>		12 OFFICE SOUGHT (if known) <i>City Council District 4</i>		
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **				
	Name				
	Address / PO Box; Apt. / Suite #; City; State; Zip Code				

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME David R. Fernandez

15 ACCOUNT # (Ethics Commission files)

16 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

17 NO REPORTABLE  
ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 1,200

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 3,750

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

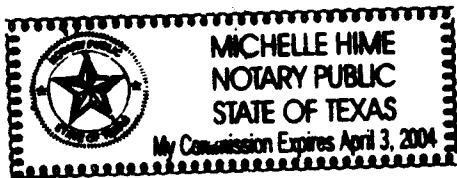
\$ 2601.12

OUTSTANDING  
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*David R. Fernandez*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said David Fernandez, this the 5th day of April, 20 01, to certify which, witness my hand and seal of office.

*Michelle Hime*  
Signature of officer administering oath

*Michelle Hime*  
Printed name of officer administering oath

*Notary Public*  
Title of officer administering oath



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: **2**

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers) **911111**

4 Date

**2/10**

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

**Lee Stammen**

6 Contributor address; City; State; Zip Code

**5815 S. Panzan SATX, 78211**

7 Amount of contribution (\$)

**\$1,000.00**

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

**2/12**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

**David Hernandez**

Contributor address; City; State; Zip Code

Amount of contribution (\$)

**\$100.00**

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

**2/12**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

**David Fallin**

Contributor address; City; State; Zip Code

**191 Shadow Valley, SATX 78227**

Amount of contribution (\$)

**\$100.00**

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

**2/14**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

**Nancy Englebert**

Contributor address; City; State; Zip Code

**10486 Pine Glade, SATX 78245**

Amount of contribution (\$)

**\$100.00**

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

**2/17**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

**Richard Davidson**

Contributor address; City; State; Zip Code

**102 W. White SATX 78211**

Amount of contribution (\$)

**\$1,000.00**

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Ellen Priessing

7 Amount of  
contribution (\$)

8 In-kind contribution  
description (if applicable)

2/25

6 Contributor address; City; State; Zip Code

1915 Serene Valley, SATX 78227

\$100.00

01 APR - 6

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Kit Corbin

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

2/21

Contributor address; City; State; Zip Code

123 Armour, SATX 78212

\$50.00

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Lenny Games

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

2/21

Contributor address; City; State; Zip Code

6115 Birch Valley, SATX 78214

\$50.00

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

George Harcourt

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

2/21

Contributor address; City; State; Zip Code

4016 Wiltshire, SATX 78209

\$50.00

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Several Individuals (BBQ Plate Sale)

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

3/17

Contributor address; City; State; Zip Code

(240)

\$1,200

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages, Schedule F: 6

2 FILER NAME

David R. Fernandez

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/18

5 Payee name

Heritage N.A.

6 Payee address; City; State; Zip Code

P.O Box 76 9235 SATX 78245

7 Amount (\$)

\$ 30.00

8 Purpose of payment (See instructions regarding type of information required.)

Ad

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

2/14

Payee name

Albertsons

Payee address; City; State; Zip Code

2514 S.W. Military Dr.

Amount (\$)

\$ 54.40

Purpose of payment (See instructions regarding type of information required.)

Supplies

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

2/18

Payee name

Home Depot

Payee address; City; State; Zip Code

Amount (\$)

\$ 89.56

Purpose of payment (See instructions regarding type of information required.)

Campaign Supplies

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

2/20

Payee name

Heritage NA

Payee address; City; State; Zip Code

P.O Box 769235

Amount (\$)

30.00

Purpose of payment (See instructions regarding type of information required.)

Ad

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 6

2 FILER NAME

David R. Fernandez

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/20

5 Payee name

Sams Club

6 Payee address; City; State; Zip Code

7 Amount (\$)

208.88

8 Purpose of payment (See instructions regarding type of information required.)

Campaign Supplies

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

2/24

Payee name

Kinkos

Payee address; City; State; Zip Code

Amount (\$)

\$ 7.12

Purpose of payment (See instructions regarding type of information required.)

Campaign copies

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

3/3

Payee name

McCoys

Payee address; City; State; Zip Code

Amount (\$)

13.38

Purpose of payment (See instructions regarding type of information required.)

Stakes

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

3/5

Payee name

Amols

Payee address; City; State; Zip Code

Amount (\$)

\$ 7.45

Purpose of payment (See instructions regarding type of information required.)

Tickets

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 6

2 FILER NAME

David R. Fernandez

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/7/01

5 Payee name

Office Depot

6 Payee address; City; State; Zip Code

2321 SW Military Dr.

7 Amount (\$)

\$ 71.10

8 Purpose of payment (See instructions regarding type of information required.)

Campaign Supplies

9 .. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held

Date

3/7

Payee name

H.E.B

Payee address; City; State; Zip Code

Amount (\$)

45.24

Purpose of payment (See instructions regarding type of information required.)

Fundraiser Supplies

.. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held

Date

3/9

Payee name

Overstreet Studios

Payee address; City; State; Zip Code

8126 Broadway

Amount (\$)

75.49

Purpose of payment (See instructions regarding type of information required.)

Campaign Photo

.. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held

Date

3/9

Payee name

Amols

Payee address; City; State; Zip Code

710 S. Flores

Amount (\$)

27.99

Purpose of payment (See instructions regarding type of information required.)

Helium

.. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

3 Total pages Schedule F: 6

2 FILER NAME David R. Fernandez

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/10

5 Payee name

Fiesta Bakery

6 Payee address; City; State; Zip Code

3264 Pleasanton Rd.

7 Amount (\$)

\$ 18.30

8 Purpose of payment (See instructions regarding type of information required.)

Fundraiser supplies

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

3/10

Payee name

Ace Rent All Inc

Payee address; City; State; Zip Code

1802 S. Zarzamora

Amount (\$)

\$ 33.71

Purpose of payment (See instructions regarding type of information required.)

Fundraiser supplies

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

3/10

Payee name

HEB

Payee address; City; State; Zip Code

Amount (\$)

\$ 17.52

Purpose of payment (See instructions regarding type of information required.)

Fundraiser supplies

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

3/10

Payee name

Sams Club

Payee address; City; State; Zip Code

Amount (\$)

\$ 78.67

Purpose of payment (See instructions regarding type of information required.)

Fundraiser supplies

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

b. Total pages Schedule F: 6

2 FILER NAME

David R. Fernandez

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/17

5 Payee name

Albertsons

6 Payee address; City; State; Zip Code

7 Amount (\$)

57.84

8 Purpose of payment (See instructions regarding type of information required.)

Fundraiser supplies

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

3/21

Payee name

Wal Mart

Payee address; City; State; Zip Code

Amount (\$)

\$ 9.10

Purpose of payment (See instructions regarding type of information required.)

Campaign supplies

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

3/26

Payee name

Super K

Payee address; City; State; Zip Code

Amount (\$)

6.46

Purpose of payment (See instructions regarding type of information required.)

Campaign Supplies

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

3/26

Payee name

Kinko's

Payee address; City; State; Zip Code

1275 N.E. Loop 410

Amount (\$)

32.90

Purpose of payment (See instructions regarding type of information required.)

Campaign copies

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

## POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

6

2 FILER NAME

David R. Fernandez

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/01

5 Payee name

Dialogue Systems

6 Payee address; City; State; Zip Code

515 Hildebrand Ave W.

7 Amount (\$)

1,100

8 Purpose of payment (See instructions regarding type of information required.)

Campaign Information

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

4/2

Payee name

Office Depot

Payee address; City; State; Zip Code

2321 S.W. Military Dr.

Amount (\$)

35.06

2070.6

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

1/12

Payee name

Mungie Printing

Payee address; City; State; Zip Code

Buena Vista

Amount (\$)

530.45

2661.12

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED